

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90053 038 \*\*\*150.00

**DOCUMENT # P96000103303**

1. Entity Name

**EMERALD COAST SHEET METAL, INC.**

Principal Place of Business

**110 WISE AVE UNIT #7  
 NICEVILLE FL 32578  
 US**

Mailing Address

**110 WISE AVE UNIT #7  
 NICEVILLE FL 32578  
 US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**110 WISE AVE UNIT #7  
 NICEVILLE FL 32578**

Mailing Address

**110 WISE AVE UNIT #7  
 NICEVILLE FL 32578**

City & State

City & State

**NICEVILLE FL 32578**

4. FEI Number **59-3414624**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32578 OKALOOSA 32578 OKALOOSA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBBONS, TIMOTHY A  
 6139 TANSEY LN.  
 CRESTVIEW FL 32539**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIBBONS, TIMOTHY A	
STREET ADDRESS	6139 TANSEY LN.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBBONS, BELINDA	
STREET ADDRESS	6139 TANSEY LN.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BLOODWORTH, DAVID	
STREET ADDRESS	5592 WHEELER PL	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Bloodworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/01 850/729-0710*

CR2E034 (10/00)